Who is driving the treatment plan?

Quite often, we face cases in which the best clinical care in our eyes is not covered by the patient's health insurance. This treatment might require the use of specific materials, instruments, or collaboration with other subspecialties. As health care professionals, we know, or think, this treatment modality could give better results in terms of endurance, longevity, or health, but unfortunately it might be deprived from the patient based on their insurance coverage.

In some cases the insurance will not allow the patient to pay for the uncovered part of the procedure. The patient is, therefore, asked to choose between paying for the whole procedure and being fully covered for a suboptimal one.

As health care professionals, we often face the challenge of how to present this to the patient in order to get their informed consent and to truly give them the information they need to decide upon the treatment option.

In plastic surgery, for example, we can be driven to absurd situations in which we are forced by the insurance to break one procedure into two separate ones; one is covered and the other is not. For instance, breast reconstruction after mastectomy is an insurance-covered procedure. However, adjusting the other breast so it will resemble the reconstructed side for better symmetry is not covered and might be postponed to another day, only due to insurance-related issues. The same dilemmas are present in different fields of medical care, and are rather common in the dental office as well. Too often, we face challenges when we would like to suggest a procedure that will fit the patient better but we are aware that the insurance will not cover this procedure at this time point. Even simple preventative procedures like scaling and root planing might have limitations in coverage and thus can affect our treatment plan and the long-term results of the treatment provided.

These cases put us in an awkward position in which we have to explain to our patients their options and help them make those hard decisions. It is a role that we are neither trained for nor wish to do as physicians because it involves looking into the patients' personal lives and their financial priorities. Although not an option, it is quite tempting to spare the patients this conflict by not exposing them to options that are not relevant as far as the insurance is concerned.

It is our duty as health care professionals to take an active role in changing the current situation. We should resist the temptation of sparing this difficult task from the patient and do exactly the opposite. We must make the patients aware of their suboptimal conditions and provide them with all the information needed for them when facing their insurance company. We should guide the patients both at the bureaucracy level and the medical level. We can also provide our patients with the addresses of the relevant bodies and associations that could help them with their claim.

Facing an insurance company while sick or unwell is a hard task for a patient. Helping them with the negotiation process could make a great difference to the specific patient as well as those who follow. It might, eventually, lead to changes in policy. It is our duty to drive the treatment plan, and we are held liable for it, not the insurer who covers the costs.

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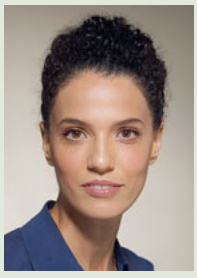

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